

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA038 Date of Visit: 8/13/2025

Contractor Personnel on Site:

1. Eric Mattocks 2. Joey Benroth

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Pumped 3,000 gals from latrine B, Pumped 3,000 gals from latrine C. See attached

Service Calls – Service Call Number and Description

1. CSS# / wo# FEMS 3189958
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Timothy Powell Date: 9-8-2025

Signed: Timothy Powell

To be signed by Facility Manager:

By signing the Certification of Work, I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed.
This is NOT a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Scott Kawasaki Date: 8 Sep 2025

Signed: Scott Kawasaki

E-Mail: scott.w.kawski.civ@army.mil

STATEMENT

POWELL SANITATION & CONSTRUCTION
18536 Cussewago Road
MEADVILLE, PENNSYLVANIA 16335-3510

(814) 333-3191 1-800-336-3191
www.powellsanitation.com

DATE 6-13-26

NUMBER

CMI Management
© Keystone Ordinance
16416T Mikewood Blvd, C.L.
Latrines B + C

POT#00062028

—Poc:

for
Shawn Knauff

TERMS: 1½% on all past due invoices. Net ____ days.

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

6 _____

POWELL SANITATION & CONSTRUCTION

 JOHN VARELA, MATEC

Thank You

 PAY LAST AMOUNT
IN THIS COLUMN